

Case Number:	CM14-0094741		
Date Assigned:	07/25/2014	Date of Injury:	09/15/2011
Decision Date:	09/30/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records, presented for review, indicate that this 47-year-old individual was reportedly injured on September 15, 2011. The mechanism of injury was noted as a repetitive trauma type event. The most recent progress note, dated May 27, 2014, (psychiatric agreed reevaluation report), indicated that there were ongoing complaints of psychiatric issues, ophthalmological issues, and dermatological issues. From an orthopedic perspective, from the progress note dated May 9, 2014, there was cervical spine pain, lumbar spine pain, carpal tunnel syndrome, "double crush syndrome," and internal arrangement of the right shoulder. The physical examination was not reported. Diagnostic imaging studies were not presented; however, psychiatric testing established a diagnosis of depression. Previous treatment included multiple medications, orthopedic care, and psychiatric interventions. A request had been made for multiple medications and was not medically necessary in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As noted in the MTUS, this is a Proton Pump Inhibitor useful for the treatment of gastro esophageal reflux disease. This can also be used as a gastric protectorant in those individuals utilizing non-steroidal medications. However, when noting the date of injury, the injury sustained, and the complete lack of any gastric related complaints, and there is an absence of physical examination findings demonstrating gastrointestinal discomfort, there is insufficient clinical evidence presented with the need for this medication. This is not medically necessary.

Ondasentron ODT 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and Antiemetic's.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

Decision rationale: Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy, radiation treatment, postoperatively, and acute gastroenteritis. The Official Disability Guidelines do not recommend this medication for nausea and vomiting secondary to chronic opiate use. Review, of the available medical records, fails to document an indication for why this medication was given. As such, this request is not considered medically necessary.

Orphenadrine Citrate #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: This is a medication that belongs to the family of antihistamines. It is used to treat painful muscle spasms and Parkinson's disease. However, the physical examination does not demonstrate painful muscle spasms or indicators that there is a neuropathic pain lesion. Therefore, based on the limited clinical information presented for review, there is insufficient data presented to support the medical necessity of this request.

Terocin patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112.

Decision rationale: MTUS guidelines support the use of Topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Review, of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.